

CREDIT ACCESS BUSINESS (CAB) REGISTRATION APPLICATION CITY OF KILLEEN PLANNING AND DEVELOPMENT SERVICES

	Office Use Only
	New Renewal
Ca	ase No:
Ca	se Date:

CITY OF KILLEEN Dedicated Service - Every Day, for Everyo	BUILDING INS 100 E. Ave one! KILLEEN, TEX 254-501-	PECTIONS enue C AS 76541	☐ Renewal Case No: Case Date:	
Section 1: Applicant Inform	ation		•	
Full Name (First, Middle, Last)		Company Name & Operating Name of Business		
Physical Address	City	State	Zip Code	
Mailing Address	City	State	Zip Code	
Phone Fax		Email	State CAB License #	
Section 2: Business Location	n Information			
Physical Address	City	State	Zip Code	
Mailing Address	City	State	Zip Code	
Phone		Email		
Fax		Website		
When was the Credit Access Bu	ısiness established at t	his location? Approx	k. date	
Section 3: Contact Informat	ion			
Primary Contact Name/Individua	al Responsible for Day to	Day Operations	Title	
Mailing Address	City	State	Zip Code	
Phone Fax		Email		
Section 4: Owner Informati interest. Information from eac Name (First, Middle, Last)	• • •	lease attach pages if	rs or stockholders having financial additional space is needed.	
Street Address	City	State	Zip Code	
Mailing Address	City	State	Zip Code	
Phone		Email		
Name (First, Middle, Last)		Nature & Extent of Financial Interest		
Street Address	City	State	Zip Code	

Mailing Address	City	State	Zip Code		
Phone		Email			
Name (First, Middle,	Last)	Nature & Extent o	Nature & Extent of Financial Interest		
Street Address	City	State	Zip Code		
Mailing Address	City	State	Zip Code		
Phone		Email			
Registered Agent (Inc	lividual to whom any legal notic	ce may be delivered)			
Agent Name (First, Mic	ldle, Last)				
Street Address	City	State	Zip Code		
Phone	Fax	Email			
Section 5: Additional	Required Documents	1			
• Copy of Texas State	ents are also required with the s CAB License issued under Chap of Occupancy issued under the G	ter 393 of the Texas F			
City of Killeen is require provided in this application other supporting documendersigned understarthat false or materially	ed for each location of a Credit A ation for registration, including b ments, schedules and exhibits ar and that the information provided	access Business. The ur ut not limited to, disclo e true, complete and fi may be further verifie ads for denial of the ap	t Access Business. Registration with the indersigned certifies that all information osure of owners, principal parties, and all ree from any material omissions. The d. The undersigned further understands plication to register as a Credit Acccess		
Applicant Signature			Date		
Printed Name			Title		
Section 6: Credit Acc	ess Business Registration		OFFICIAL OFFICE USE ONLY please		
Applicants: Do NOT fi			✓ the boxes, if complete		
Application Complete					
Registration \$50.00 Fe					
Additional Documents					
	ate CAB License issued under C	•	as Finance Code 📙		
Certifica	te of Occupancy issued under t	he City of Killeen	Ш		
This application for Credit Access Business registration in the City of Killeen has been (circle one):					
	Approved	Denied			
City Staff Signature:		Title			
If denied, explain reas	on for denial:				
·					

City of Killeen issued Credit Access Business Registration Number:	